

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097857947 FILING DATE

APPLICANT(S)

5/10/04

CLAIMS

| AS FILED | AFTER | | AFTER | | CLAIMS |
|--------------|---------------|------|-------|---------------|--------|
| | 1st AMENDMENT | IND. | DEP. | 2nd AMENDMENT | |
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| TOTAL IND. | 2 | 1 | 3 | 1 | |
| TOTAL DEP. | 4 | 1 | 7 | 1 | |
| TOTAL CLAIMS | 6 | 1 | 10 | 1 | |

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| TOTAL IND. | | | |
| TOTAL DEP. | | | |
| TOTAL CLAIMS | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY